

IA ETHICS AND	
FOR INSTRUCTIONS, SEE BACK OF FORM	M DISCLUSURE BU.
This is an amended Statement of Organization 2008 AF	PR 15 AM (Rev. 01/2006) ORGANIZATION
This is an amended Statement of Organization "An initial Statement of Organization must be filed within 10 days of the con-	For Office Use Only
maigng expenditures, or incurring indicitedness exceeding \$750. Amerylan	ents must be flied within 30 days of
a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10	days althor a now or emercled
UPC-1 discresing information concerning the campaign for the new office sou	ght.
COMMITTEE NAME 1 (A candidate's committee must include the candidate's last name in the name of the committee.)	
IMPORTANT: Endicate type of committee you are reporting for:	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Reard or Other Political Subdivision Candidate (8) County PAC (9) City PAC	
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)	
COMMITTEE TREASURER (mondatory for all committees)	
Name + 1	COMMITTEE CHAIR (mandatory except for a candidate's committee)  Name    V
Mailing Address 1	Malling Address 1 1
City, State 1 1 Zp/Code 1 1	
Mooriand Ta 50566	City, State ↓ ↓ Zip Code ↓ ↓
Phone (575) 549-3780	Phone ( )
e-Mail	c-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box  Advocate for/against candidate(s)  Advocate for ballot issue(s)	
Comment or description:  All Candidates Enter: 44.55 Tay	Advocate against beliet issue(s)  County/Local Candidates and Local Ballot Committees Enter:
Office Sought County Supervisor	County: WEBSTEIZ
Political Party (if applicable)	(If active in multiple ballot issue elections, attach list of counties
District: 2	Date of Election: 6 · 3 · 08
Year Standing for Election: 2.00 \$\frac{1}{2}\$	Condidate name & Address or Parent Britty (PACs, If applicable).
	↓ ↓ Affiliate, or Sponsor
358432	EDDIE PETERS ON
Name of Financial Institution/type of Account	Malling Address + +
So Carity Savings Bank	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
127 S ASL	
City 1 State 1 Zip 1 1	117110001111
Harcourt Ia 50544	Phone (5/5) <u>57/- 6778</u>
1000	•Mol jenepeter vcta.com
STATEMENT OF AFFIRMATION: By filling this document the compilities offered by	
STATEMENT OF APPRIMATION: By filling this document the committee will	The the following
STATEMENT OF AFFIRMATION: By filing this document the committee with	: 1
	rms the following: they are subject to the lews in lows Code chapters 68A and 68B and the administrative
The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code.     That lows Code section 68A.402 and rule 351—4,9 require the filing of disclose.	they are subject to the lews in lows Code chapters 68A and 68B and the administrative
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